FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\Box$	obligations may continue. See
	Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					1		J G () G				ilpariy Act C			_						
Name and Address of Reporting Person*  Gonzalez Deborah						2. Issuer Name <b>and</b> Ticker or Trading Symbol El Pollo Loco Holdings, Inc. [ LOCO ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GOIIZUI	CZ DCOOI	<u>un</u>			<u> </u>									X Dire	ctor		10% O	wner		
(Last)	.ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2023									Offic belo	er (give title w)		Other (sbelow)	specify	
C/O EL 1	4 If A	A If Amandment Date of Original Filed (Manth Day No)								6 1	6. Individual or Joint/Group Filing (Check Applicable									
3535 HARBOR BLVD, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Line)					
,												X Form filed by One Reporting Person								
(Street)	MESA CA	A 9	2626												Form filed by More than One Reporting Person					
					Rule	Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	<u>z</u> ip)		```			_(0)		-										
(Oity) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Disp	osed of	, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					Execution			ate,			ties Acquired (/ 1 Of (D) (Instr. 3			Secur Benef Owne Follow	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	()	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)					
Common	2023				A		9,934(1)	1) A S		\$0	15,627			D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pu	ts, cal	IS, V	varra	nts,	option	s, c	onvertib	le s	secur	ities)						
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numb of Deriv Secul Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		; ; ;	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res						

## Explanation of Responses:

 $1. \ Consists \ of \ restricted \ shares \ granted \ under \ the \ Equity \ Incentive \ Plan, \ vesting \ in \ full \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant.$ 

/s/ Anne E. Jollay, Attorneyin-Fact \*\* Signature of Reporting Person

05/11/2023

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.